



Nebraska Child and Dependent Care Expenses

- File Form 2441N ONLY if you do not file Federal Form 2441 or Form 1040A, Schedule 2
- File only if your federal adjusted gross income is \$29,000 or less
- Complete reverse side if receiving dependent benefits care
- Attach to Form 1040N

FORM 2441N

2006

Name as Shown on Form 1040N

Your Social Security Number

BEFORE YOU BEGIN: You need to understand the following terms. See **Federal Form 2441 Definitions** on page 1 of those instructions.

• **Dependent Care Benefits**• **Qualifying Person(s)**• **Qualified Expenses****PART I — Persons or Organizations Who Provide the Care**• You *must* complete this part. (If you need more space, use the bottom of page 2.)

1	(A) Care Provider's Name	(B) Address (Number, Street, Apt. No., City, State, and Zip Code)	(C) Identifying Number (SSN or EIN)	(D) Amount paid (See Instructions)

Did you receive
dependent care benefits?

No —————> Complete only Part II below.

Yes —————> Complete Part III on the back next.

CAUTION: If the care was provided in your home, you may owe employment taxes. See the instructions for Federal Form 1040, line 62.

PART II — Credit for Child and Dependent Care Expenses

2 Information about your **qualifying person(s)**. If you have more than three qualifying persons, attach a schedule.

(A) Qualifying Person's Name		(B) Qualifying Person's Social Security Number	(C) Qualified Expenses You Incurred and Paid in 2006 for the person(s) listed in Column (A)
First	Last		

3 Add the amounts in Column (C) of line 2. **Do not** enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 30

3

4 Enter your **earned income**. See Federal Form 2441 instructions

4

5 If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the Federal Form 2441 instructions); **all others**, enter the amount from line 4

5

6 Enter the **smallest** of line 3, 4, or 5

6

7 Enter the amount from Form 1040N line 5 or Form 1040NS line 3
(If line 7 is over \$29,000, do not file this form)

7

8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7

If line 7 is:

Over	But not over	Federal decimal amount is
\$0	15,000	.35
15,000	17,000	.34
17,000	19,000	.33
19,000	21,000	.32
21,000	23,000	.31
23,000	25,000	.30
25,000	27,000	.29
27,000	29,000	.28

8

X .

9 Multiply line 6 by the decimal amount on line 8. If you paid 2005 expenses in 2006, see the Federal Form 2441 instructions. Enter here and on line 1 of the Refundable Child/Dependent Care Worksheet (page 9 of Form 1040N instructions)

9



Name as Shown on Form 1040N

Dependent Care Benefits

FORM 2441N

2006

Social Security Number

PART III — Dependent Care Benefits

10 Enter the total amount of dependent care benefits you received in 2006. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. Do not include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership.	10		
11 Enter the amount forfeited or carried forward to 2007, if any (see the Federal Form 2441 instructions)	11		
12 Subtract line 11 from line 10	12		
13 Enter the total amount of qualified expenses incurred in 2006 for the care of the qualifying person(s)	13		
14 Enter the smaller of line 12 or 13	14		
15 Enter your earned income. See Federal Form 2441 instructions	15		
16 Enter the amount shown below that applies to you. • If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the Federal Form 2441 instr. for line 5). • If married filing separately, see the Federal Form 2441 instructions for the amount to enter. • All others, enter the amount from line 15	16		
17 Enter the smallest of line 14, 15, or 16	17		
18 Enter the amount from line 10 that you received from your sole proprietorship or partnership. If you did not receive any such amounts, enter -0-	18		
19 Subtract line 18 from line 12	19		
20 Enter \$5,000 (\$2,500 if married filing separately and you were required to enter your spouse's earned income on line 16)	20		
21 Deductible benefits. Enter the smallest of line 17, 18, or 20.	21		
22 Enter the smaller of line 17 or 20	22		
23 Enter the amount from line 21	23		
24 Excluded benefits. Subtract line 23 from line 22. If zero or less, enter -0-	24		
25 Taxable benefits. Subtract line 24 from line 19. If zero or less, enter -0-	25		
To claim the child and dependent care credit, complete lines 26-30 below.			
26 Enter \$3,000 (\$6,000 if two or more qualifying persons)	26		
27 Add lines 21 and 24	27		
28 Subtract line 27 from line 26. If zero or less, stop . You cannot take the credit. Exception. If you paid 2005 expenses in 2006, see the Federal Form 2441 instructions for line 9	28		
29 Complete line 2 on the front of this form. Do not include in Column (C) any benefits shown on line 27 above. Then, add the amounts in Column (C) and enter the total here.	29		
30 Enter the smaller of line 28 or 29. Also, enter this amount on line 3 on the front of this form and complete lines 4-9.	30		